


**PS21 Pilonidalni sinus interdigitalnog prostora šake**Lara Fotez<sup>a</sup>, Lucija Fotez<sup>a</sup>, Lucija Galiot<sup>a</sup>, Maja Grubeša<sup>a</sup>, Robert Kliček<sup>a,b</sup><sup>a</sup> Medicinski fakultet Sveučilišta u Zagrebu<sup>b</sup> Klinika za kirurgiju, Klinička bolnica DubravaDOI: <https://doi.org/10.26800/LV-144-supl6-PS21> Lara Fotez 0000-0002-4612-4274, Lucija Fotez 0000-0002-5185-0684, Lucija Galiot 0000-0002-9613-7399, Maja Grubeša 0000-0001-7479-4569, Robert Kliček 0000-0001-5532-6989

Ključne riječi: interdigitalni prostor; pilonidalni sinus; profesionalna bolest; reakcija na strano tijelo

**UVOD:** Pilonidalna bolest stečena je bolest kože najčešće sakrokocigealne regije, rjeđe umbilikalno ili intermamarno. Javlja se u obliku apscesa, ciste ili sinusa, a uzrokom se smatra folikulitis nastao uvlačenjem dlaka u folikule. Pilonidalni sinus smješten interdigitalno rijetka je profesionalna bolest frizera, brijača i njegovatelja pasa. Kratka odrezana dlaka izrazito je oštra te se ponaša elektrostatski i adhezivno, stoga lako perforira i zaostaje u interdigitalnom epidermisu.

**PRIKAZ SLUČAJA:** 37-godišnja desnoruka frizerka opisuje izraslinu u III. interdigitalnom prostoru lijeve šake prisutnu unazad 8 mjeseci uz povremene bolove i oteklinu, koji su na per os terapiju antibiotikom (clindamycin a 300 mg 3x1/7 dana) regredirali. Razvojem recidiva, boli i otekline, kliničkim je pregledom utvrđeno zadebljanje u III. interdigitalnom prostoru. Ekscizijom u lokalnoj anesteziji zadebljanje je uklonjeno u cijelosti. Histološkim pregledom isječka kože pronađen je sinus koji seže do dubokog dermisa. Obložen je višeslojnim pločastim epitelom, mješovitim upalnim infiltratom te vezivnim i granulacijskim tkivom, a u lumenu sinusa pronađene su dlake. Prisutan mješoviti upalni infiltrat i granulom oko dlaka ukazuju na stvaranje sinusa posljedično upalnoj reakciji na strano tijelo. Na kontrolnom pregledu 7. dana od zahvata pacijentica navodi da nema bolova te je kliničkim pregledom utvrđena odsutnost otekline.

**ZAKLJUČAK:** Razvoj komplikacija pilonidalnog sinusa može se smanjiti ranijim pristupanjem kirurškom liječenju nakon neuspjelog konzervativnog liječenja. Interdigitalni pilonidalni sinus u frizera nastaje poglavito na nedominantnoj šaci kod pridržavanja kose pri radu. Prevencija razvoja bolesti uključuje povećanu higijenu ruku i nošenje zaštitnih rukavica.

**Interdigital pilonidal sinus of the hand**

Keywords: foreign-body reaction; interdigital space; occupational disease; pilonidal sinus

**INTRODUCTION:** Pilonidal disease is an acquired skin disease, usually in the sacrococcygeal region, rarely in the umbilical or intermammary region. It occurs as an abscess, cyst, or sinus. The considered cause is folliculitis caused by hair indentation into the follicles. Interdigital pilonidal sinus is a rare professional disease of hairdressers, barbers, and dog groomers. Short-cut hair is sharp, electrostatic, and adhesive, so it easily perforates and lags in the interdigital epidermis

**CASE REPORT:** A 37-year-old right-handed hairdresser describes the growth in III. interdigital space of the left hand, present for the past 8 months with occasional pain and swelling, which regressed after per os antibiotic therapy (clindamycin, 300 mg 3x1/7 days). After recurrence, clinical examination revealed thickening in III. interdigital space. It was completely removed by excision under local anesthesia. Histology revealed a sinus reaching the deep dermis. It is lined with multi-layered squamous epithelium, mixed inflammatory infiltrates, and connective and granulation tissue and hairs found in the lumen. The presence of a mixed inflammatory infiltrate and granuloma around the hair indicate sinus formation as a result of an inflammatory reaction to a foreign body. At the follow-up examination on the 7th day after the procedure, the patient states no pain, and the clinical examination revealed the absence of swelling.

**CONCLUSION:** Complications of pilonidal sinus can be reduced by earlier surgical treatment after failed conservative treatment. Interdigital pilonidal sinus in hairdressers occurs mainly on the non-dominant hair-holding hand while working. Prevention of disease development includes increased hand hygiene and wearing protective gloves.